

THE SA HEART OFFICE

You might have wondered what exactly the term *SA Heart Office* refers to when you see it used in publications or when you receive an email originating from the SA Heart Office. The SA Heart Office is more than a mere administrative office as it includes input and active participation from our executive committee members, in particular the “Core Exco”, being the president, vice-president, in turn president-elect and immediate past president, the treasurer and secretary. Undeniably the chairs and the members serving on the standing committees give input too, however, while they cannot be seen in isolation most of their activities are focussed on issues pertaining to the respective standing committees.

The SA Heart Office deals with a variety of matters which pertain to the smooth running of the association and include, to mention but a few, creating and maintaining structures, to managing finances including budgeting, fundraising and financial reporting, to PR work through responding to media requests and initiating publications on the Association including the upkeep of the SA Heart webpage, establishing and upholding ties with outside parties like the Heart and Stroke Foundation, PASCAR and the ESC and obviously, closer to home, our Special Interest Groups and Industry. Communication within the Association and with our members is equally important: eBulletins, newsletters, webpages, direct emails and letters all form part of the endeavour to interconnect and keep the Association alive.

The SA Heart Office has recently also become directly involved in the planning of our annual Congress working closely together with the PCO and Scientific Programme Committee. Vast amounts of voluntary time and energy is being invested to keep this structure sound and to ensure its smooth running – a constant stream of meetings, emails, comments and documents are dealt with on a regular basis.

At the centre of the SA Heart Office is, of course, the administration office – known to many simply as “Erika” -

who keeps it all together. Over the years Erika has become progressively more involved in the Association and she has taken on many extra responsibilities so that her initial half day post as secretary has grown and evolved to that of a near fulltime post as Operations Officer. The first point of contact is often the administrative office where requests are screened and, if need be, redirected to members of the Exco or to the Special interest groups. Erika’s immense institutional memory, attention to detail and tenacity when it comes to follow up and delivery, ensures that the SA Heart Office functions smoothly so that SA Heart’s obligations can be fulfilled and its aims met. All administrative functions including the tedious upkeep of the member database, invoicing and bookkeeping and reporting to SARS, website maintenance, drafting of letters and documents for all occasions, organising and preparing meetings and teleconferences and minute taking and follow up, regular correspondence per email, interaction with members, industry and public are handled centrally at the administrative SA Heart Office.

The picture of the SA Heart Office would not be complete without mentioning Elizabeth who is employed by SA Heart as Programme Manager of SHARE. Firstly SHARE is an integral part of SA Heart, but more importantly Elizabeth, with her sound knowledge of matters concerning IT, is often called upon to keep the SA Heart Office computer and electronic equipment in good stead enabling the office to function at a premium. Elizabeth is also a familiar face at the SA Heart booth during our congress, AGM and other bigger meetings where she helps Erika. The SA Heart telephone will also be redirected to Elizabeth’s office, who capably takes over resolving matters that require immediate attention, at times when Erika is on leave.

When all is said, the SA Heart Office is far from an anonymous static unit, as it takes the unwavering commitment and time of many individuals to keep it alive and thus

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enable our Association to grow and to attain further heights. This however cannot happen in isolation from you, the members we are serving! Your constant input, initiative, help and feedback is always valued and invited. And who knows, maybe you will in time share in the privilege of serving the larger cardiac community by joining the SA Heart Executive committee or any of the standing committees and in so doing be directly involved in the SA Heart Office.

Adriaan Snyders



LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP REPORT

Name of recipient: Mr Danzil Joseph

Position: PhD student

Department: Physiological Sciences | **Faculty:** Natural Sciences

Conference details: Experimental Biology (EB) meeting 2013 held in Boston, MA from 20 - 24 April 2013

Total budget: R27 330 | **Value of grant:** R15 000

Presentation title

Exploring mechanisms that attenuate myocardial glucose uptake: identification of a vicious metabolic cycle.

Type of presentation

My abstract (published in the FASEB journal) was accepted to be presented as both an oral (parallel session) and poster presentation.

Outcomes

My poster and talk were well received and prompted interesting discussions with leaders in the field of diabetes and cardiovascular research. Some of the questions and suggestions will allow me to focus on important issues regarding my work. I was also able to learn more about the work of other young, as well as established, scientists in a diverse range of research topics. I can now share valuable information regarding ideas, techniques, etc. with the rest of my group and department. The conference also had career development sessions which offered very useful information regarding scientific careers.

I am planning to propose that similar sessions be held within the department to facilitate postgraduate students in making informed decisions regarding their future careers.

I am currently preparing a manuscript outlining the work presented at the conference. This was submitted for peer review in **Biochimica et Biophysica Acta - Molecular Cell Research**, and is currently under review.

CARDIAC ARRHYTHMIA SOCIETY OF SOUTHERN AFRICA (CASSA)

Clinical Management of Arrhythmia National Symposium

The CASSA specialist symposium, entitled "The Clinical Management of Arrhythmia", will take place during September and October 2013. International Key note speakers are Prof Sanjeev Saksena, Professor in Clinical Medicine at RWJ Medical School, USA and Dr Owen Obel, Associate Professor in Medicine at the Southwestern Medical Centre, Dallas.

The symposium will consist of four meetings.

Saturday 28 September

Full day symposium in Johannesburg

Radisson Gautrain

Sunday 29 September

Intra-cardiac ECG – Case discussions with Dr Owen Obel and local experts. This will be a half day meeting at **Radisson Gautrain**.

Friday 4 October

Basic EP and pacing course for senior cardiology registrars, led by Prof Sanjeev Saksena, Prof Rob Scott Millar and Dr Ashley Chin.

Saturday 5 October

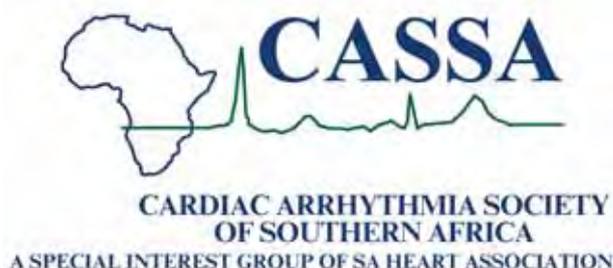
Full day symposium in Cape Town

Crystal Towers Hotel

The draft programme as well as registration details for this symposium can be found on the CASSA website. The symposium, accredited with 8 CPD points, will again be brought to all delegates free of charge.

General Practitioner education

CASSA will be involved in the training of general practitioners on Friday 13 September in Bloemfontein. Drs Nico van der Merwe and Andrew Thornton will be addressing GPs on the clinical management of arrhythmias during the annual Mediclinic CPD weekend.



Another GP meeting will be held in Johannesburg on 9 November and in February 2014 CASSA will host 2 full day meetings to specifically up-skill general practitioners in the field of arrhythmia management.

Billing and coding in the field of electrophysiology

CASSA is working on a document according to which it would like to bring about some changes in the way coding is done for different EP procedures. Discussions with the South African Medical Association will follow as soon as the draft document is drawn up.

CASSA is currently also assisting the Private Practice Committee of The South African Heart Association in this regard particularly in relation to ablation, pacing and device follow up.

General

The accreditation of electrophysiologists, as well as ICD practitioners, is still ongoing and as soon as final structures have been put in place between CASSA and ECAS, the latter having been chosen as the international body that will oversee the process, these will be communicated to the members.

The CASSA Executive committee members are in constant discussion with Medical aids about reimbursement issues.

For more information on any of the topics above, please contact Franciska Rossouw at 082 806 1599, email franciska@cassa.co.za or visit the CASSA website at www.cassa.co.za.

POPULAR CONGRESSES FOR 2013 / 2014

CONGRESS	DATE	CITY	COUNTRY
6TH APHRS AND CARDIORHYTHM http://www.aphrs-cardiorhythm2013.hk	3 - 6 October 2013	Hong Kong	China
VENICE ARRHYTHMIA 2013 http://www.venicearrhythmia.org	6 - 9 October 2013	Venice	Italy
ACUTE CARDIAC CARE 2013 http://www.escardio.org	12 - 14 October 2013	Madrid	Spain
CHEST http://www.accmeeting.org/chest.2013	26 - 31 October 2013	Chicago	USA
TCT 2013 http://www.tctconference.com	29 October - 1 November 2013	San Francisco	USA
AHA 2013 http://www.scientificsessions.org	16 - 20 November 2013	Dallas	USA
5TH INTERNATIONAL CONFERENCE ON FIXED COMBINATIONS IN THE TREATMENT OF HYPERTENSION, DYSLIPIDEMIA AND DIABETES MELLITUS http://www.fixedcombinations.com	21 - 24 November 2013	Bangkok	Thailand
ICI - INNOVATIONS IN CARDIOVASCULAR INTERVENTIONS - 2013 http://www.icimeeting.com	1 - 3 December 2013	Tel Aviv	Israel
GULFPCR http://www.gulfpcr.com	12 - 13 December 2013	Dubai	UAE
EUROECHO 2013 http://www.escardio.org	11 - 14 December 2013	Istanbul	Turkey
ASIAPCRLIVE http://www.asiapcr.com	16 - 18 January 2014	Singapore	Singapore
4 CORNERS OF CARDIOLOGY http://www.4CCardiology.com	7 - 8 February 2014	Melbourne	Australia
JIM 2014 http://www.jim-vascular.com	13 - 15 February 2014	Rome	Italy
AFRICAPCR http://www.africapcr.com	13 - 15 March 2014	Cape Town	South Africa
ACC.14 http://www.cardiosource.org	29 - 31 March 2014	Washington	USA
EUROHEARTCARE 2014 http://www.escardio.org	4 - 5 April 2014	Stanager	Norway
7TH ASIAN PACIFIC CONGRESS OF HEART FAILURE APCHF 2014 http://www.apchf2014.org	17 - 19 April 2014	Bali	Indonesia

CONGRESS	DATE	CITY	COUNTRY
WORLD CONGRESS OF CARDIOLOGY http://www.world-heart-federation.org/congress-and-events/world-congress-of-cardiology-scientific-sessions-2014	4 - 7 May 2014	Melbourne	Australia
EUROPREVENT http://www.escardio.org	8 - 10 May 2014	Amsterdam	Netherlands
HEARTFAILURE 2013 http://www.escardio.org	17 - 20 May 2014	Athens	Greece
EUROPCR 2014 http://www.europcr.com	20 - 23 May 2014	Paris	France
CARDIOSTIM 2014 http://www.cardiostim.com	18 - 21 June 2014	Nice	France
CSI (CONGENITAL AND STRUCTURAL INTERVENTIONS) http://www.csi-congress.org	26 - 28 June 2014	Frankfurt	Germany
FRONTIERS IN CARDIO-VASCULAR BIOLOGY http://www.escardio.org	4 - 6 July 2014	Barcelona	Spain
SA HEART 2014 http://www.saheart.org	16 - 19 October 2014	Durban	South Africa

FELLOWSHIP IN INTERVENTIONAL CARDIOLOGY

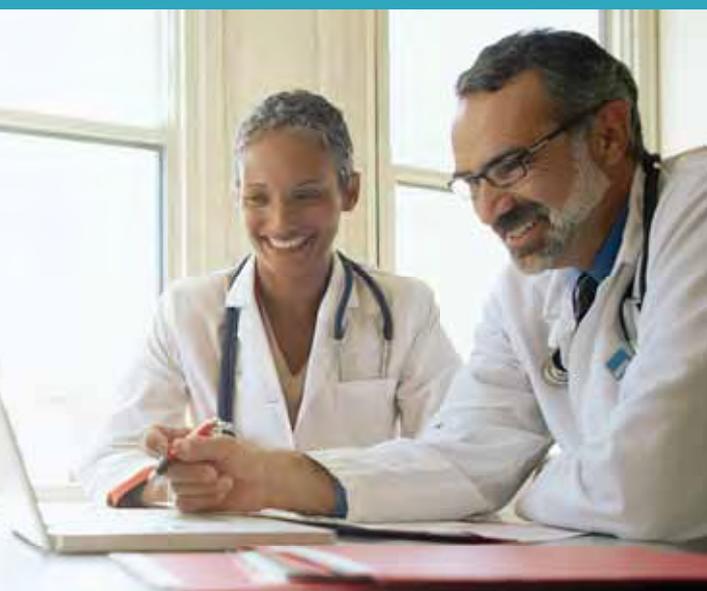
Fellowship in interventional cardiology for qualified, registered cardiologists at Sunninghill and Sunward Park Hospitals

Drs Gebka, Hellig, Klug and Alison have established a fellowship in interventional cardiology for qualified, registered cardiologists at Sunninghill and Sunward Park Hospitals.

There are 2 posts available every year: one commencing the 1st of January and one commencing the 1st of July.

The duration of the programme is one year. Applicants are required to present proof of cardiology registration, curriculum vitae (CV) and a letter of motivation.

For applications or further information please contact info@tickerdoc.co.za.



SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION

I would like to start by thanking my Exco for their continued hard work and dedication to the speciality of interventional cardiology and the role that SASCI plays in this field.

To recap, your Exco members and their respective portfolios are:

Farrel Hellig

President: AfricaPCR, International congresses

Dave Kettles

Vice-President: Guidance

Cobus Badenhorst

Treasurer

Adie Horak

Secretary: Rotational atherectomy

Graham Cassel

Ex-officio President

Sajidah Khan

Educational: including ESC eLearning Platform and AfricaPCR

Mpiko Ntsekhe

Academic: AfricaPCR

Chris Zambakides

Academic: CTO

Len Steingo

SA Heart PPC: Coding, Funders and Website

Mark Abelson

SA Heart PPC: Coding and Funders, LAA Closure

Jean Vorster

SA Heart Congress 2014 Scientific Programme

Gill Longano and Liezl Le Grange remain for ISCAP and Industry representatives continuing to 2014 are Tracey du Preez, Craig Goodburn and Hans Buyl.

Our Associated Members Group (ISCAP) continues to be very active and we request your ongoing support and assistance in the giving of lectures, when requested, and the creation of opportunities for your team to get involved with the Society (at branch or national level). Please see a complete news review within this Newsletter.

I would like to thank our corporate partners for their continued and unwavering support over the past 10 years. They are Amayeza, Angio Quip, Aspen, AstraZeneca, Baroque, B Braun, Biotronik, Boehringer-Ingelheim, Boston Scientific, Cardio Output, Cipla Medpro, Cordis, Disa Vascular, Edwards, Medtronic, Paragmed, Pharma Dynamics, Surgical Innovations, Terumo, Torque Medical, Viking, Volcano and Winthrop.

AfricaPCR 2014

It is my pleasure to confirm that AfricaPCR 2014 will take place from 13 - 15 March 2014 in Cape Town (at CPTICC). Planning for the scientific programme is well advanced and it will cater for both high level interventionalist and those still building capacity. This will truly be an event "For Africa, by Africa". The African AfricaPCR Board members are Farrel Hellig (SASCI), Tom Mabin (SA Heart Educational), Mpiko Ntsekhe (PASCAR), Sajidah Khan (Academia) and Harun Otieno (Kenya).

SASCI will continue to support SA Heart Congresses and contribute to the scientific programme. Jean Vorster (SASCI) has been tasked to assist Sajidah Khan and the SA Heart Durban Branch in developing a valuable interventional programme for SA Heart Congress 2014 (to be held in October 2014).

Other noteworthy activities

SASCI and Tom Mabin's TAVI Appeal Hearing took place on 15 March 2013 in Pretoria after the Council for Medical Schemes (CMS) initially ruled "in favour" of Medshield not funding TAVI based on the funders own rule exclusion. The ruling of the appeal committee was received in April and is in our (patient's) favour. The Medical Aid was directed to pay for the TAVI procedure in full and it is viewed that the Medical Aid cannot exclude therapy only based on



SASCI

South African
Society of
Cardiovascular
Intervention

SASCI NEWS continued

their own rules (even if these have been approved by CMS). The Medical Aid has subsequently lodged an appeal and the Appeal Board hearing took place on 26 July 2013. The decision is expected by, at the latest, mid-September. SASCI is cautiously optimistic that the original ruling will be upheld.

This process is extremely important as the CMS is mandated to look after the interests of the medical aid members and to protect their rights. Please go to www.medicalschemes.com if you need more information on CMS or refer your medical aid patients if needed.

A SASCI delegation (consisting of Farrel Hellig, Len Steingo, Graham Cassel, David Jankelow and George Nel) met with Discovery Health to discuss pertinent issues including TAVI, Coding, Bioresorbable Scaffold, Cardiac CT Scan, as well as alternate reimbursement models. Discovery and SASCI are working on an alternative reimbursement model in which the cardiologist will receive a fee for the suspected diagnosis of coronary artery disease irrespective of whether a CT coronary angiogram or conventional angiogram is performed. Review of this initial pilot data will help direct future reimbursement models. The programme will be voluntary. Details stemming from these discussions will be circulated to the membership for comment prior to any implementation.

Educational for members and fellows

EuroPCR 2013

During EuroPCR 2013 SASCI once again had high visibility with two joint "How should I treat?" sessions (with Croatia, Cyprus and Serbian Societies as well as the Polish Society). In addition, SASCI participated in a new learning programme based on presentation of "complication cases" chaired by Graham Cassel. Live cases to the main PCR auditorium from Farrel Hellig's unit at Sunninghill also took place.

TCT 2013 Congress

SASCI has been invited to participate in a Joint Country Society Session during the TCT 2013 Congress to be held in San Francisco from 27 October - 1 November. Graham

Cassel and Dave Kettles will spearhead this initiative and we would like to invite all South Africans to attend this session if you are at TCT.

Society for Cardiac Angiography and Intervention

South African Fellows once again have the opportunity to attend the annual Society for Cardiac Angiography and Intervention (SCAI) Fellows Programme in Las Vegas (December 2013). The four SA recipients are Alfonso Pecoraro, Zaid Moosa, Pumeshen Bisetty and Tawanda Butau. This programme is made possible through generous support from SCAI and Boston Scientific. SASCI also facilitated the attendance of a Mauritian delegate this year and we are working on expanding future SCAI invitations to other African countries.

SASCI will
continue to support
SA Heart
Congresses and
contribute to the
scientific
programme.

Visiting Professor programme

SASCI can confirm that Prof Tony Gershlick (University of Leicester, UK) will visit South Africa from February to April 2014 as our Visiting Professor. Prof David Holmes is diarised for early 2015. Medtronic is thanked for their overall support of this programme and Pharma Dynamics for reconfirming the financial support for the Visiting Professor evening lecture series.

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Annual SASCI Fellows Programme

The 9th Annual SASCI Fellows Programme (2014) will take place in Johannesburg under the leadership of Chris Zambakides. We plan to continue to grow the African and Mauritian delegations and expand the interactive nature of the presentation.

CTO portfolio

A dedicated CTO portfolio within the SASCI Exco has been created, its aim being to create awareness and improve CTO procedure outcomes through education and training. CTO is a lengthy procedure which calls for patience and precision. If members are interested in

‘The ESC eLearning Platform will focus on web based Fellows training offering training in 6 sub-specialties.’

ESC eLearning Platform

Sajidah Khan will be the South African national coordinator for the new ESC eLearning Platform. This programme will focus on web based Fellows training offering training in 6 sub-specialties with the first module being interventional cardiology. Planning for the introduction of this substantive training programme in 2014 is well advanced and is receiving guidance from the respective Heads of Medical Schools.

SAMA CPT Coding

Mark Abelson and Len Steingo continue to work on this project. Z-codes – Utilisation data has been submitted to SAMA for codes I272 (coronary sinus lead implantation) and I274 (aspiration of thrombus from coronary artery or saphenous vein bypass graft) and we are awaiting their response.

learning more about these procedures they can contact Chris Zambakides and Farrel Hellig. Crossroads held a theoretical workshop in mid-2013 on CTOs. A SASCI CTO workshop is being considered for 2014.

There has also been a great deal of interest in rotational atherectomy and therefore a dedicated portfolio, led by Adie Horak, has been established. SASCI co-ordinated rotator workshops are planned for 2014.

Please contact your Executive Officer, George Nel at 083 458 5954, or sasci@sasci.co.za if you need any assistance or need to formally communicate with the executive.

Farrel Hellig
President, SASCI

WEBSITE LINKS

SASCI www.sasci.co.za | **CASSA** www.cassa.co.za | **SA Heart** www.saheart.org | **HeFSSA** www.hefssa.org

ACC www.acc.org | **Research (SASCAR)** www.sascar.org.za | **ESC** www.escardio.org

PCSSA www.saheart.org/pcssa | **World Heart Federation** www.world-heart-federation.org

SOUTH AFRICAN SOCIETY FOR CARDIOVASCULAR RESEARCH (SASCAR)

We hope that 2013 has been a productive year so far for Cardiovascular Research in South Africa. It is my privilege to report on SASCAR's activities for the last few months.

Workshops and Events

A workshop entitled, "How to assess oxidative stress in animal models or patients" was held in March 2013. This theory based workshop was hosted by Dr Dee Blackhurst at the University of Cape Town. The workshop covered a variety of topics including an introduction to the ABCs of oxidative stress, markers commonly used to measure oxidative stress and detailed methods to measure oxidative stress in the lab. This workshop was attended by staff and students from the University of Stellenbosch and the University of Cape Town. Attendees included those currently involved in cardiovascular research but also individuals from other fields.

A second workshop on Microscopy in Cardiovascular Research, organised by Dr Benjamin Loos, was held at the University of Stellenbosch in August. Dr Lydia Lacerda, who attended the workshop, submitted the following report:

Fluorescence Microscopy and Super-resolution Structured Illumination (SR-SIM) – novel applications for cardiac research

The department of Physiological Sciences, University of Stellenbosch, hosted the second SASCAR workshop of the year with Dr Ben Loos presenting a summary of what could be achieved by using super resolution structured illumination fluorescent microscopy.



FLTR: Chris Reeves, Toni Goldswain, Caleigh Opperman, Megan Mitchell, Lydia Lacerda, Zaakiyah Emjedi, Jenelle Govender, Natasha Driescher, Bali Sishi, Peter Durcan, Eman Teer, Rudo Mapanga and the course presenter, Dr Ben Loos.

During the first hour, Dr Loos refreshed our memories on how the field of fluorescent microscopy works and the various fluorescent probes which can be used to visualise cells and their internal organelles. He covered the potential pitfalls of using the probes, such as bleaching of the dye over time and emphasised that one first sets the focal plane and region of interest with white (e.g. xenon burner) light before switching over to the lasers.

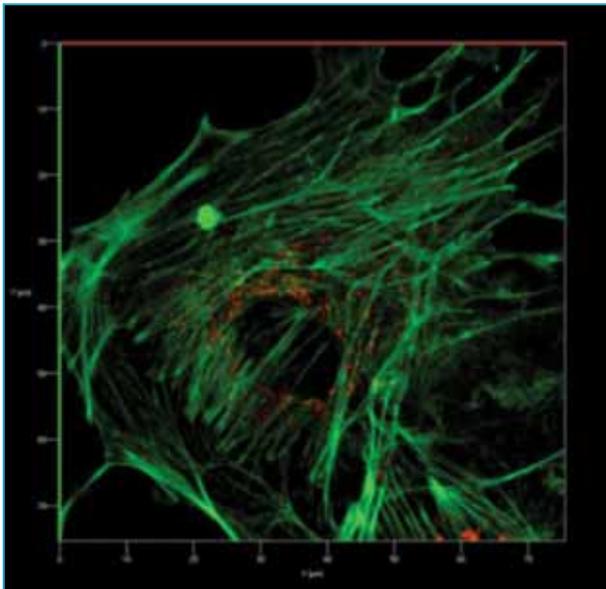
How the field of fluorescent microscopy works and the various fluorescent probes which can be used to visualise cells and their internal organelles.

We then learned about the super resolution structured illumination microscopy technique which allows the visualisation of cells or organelles down to a resolution of 80nm whereas confocal or wide field fluorescent microscopy can only go down to 200nm (which is already pretty small!). With this SR-SIM, many different scenarios which happen within the cell such as change in pH, depolarisation of the membrane potential and protein degradation, to mention just a few, can be visualised and quantified thus generating valuable data as well as stunning images.

The group was shown how to acquire a raw data image and process it so that about 100 images taken through the sample in different planes, phases and grid rotations could

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SASCAR continued



Superresolution structured illumination microscopy (SR-SIM) allows to achieve a resolving power down to 80nm, which is more than double of that achieved through confocal microscopy. Here, a cell was assessed for mitochondrial morphology (red) and contrasted with the aktin cytoskeleton (green).

be stacked together to produce one astounding image for analysis of the various organelles of the cell and how they interact with each other within the cell. The cardiomyocyte is a cell which particularly lends itself to this technology. With the measurement of the diameter and length of the mitochondrion possible, it is possible to determine

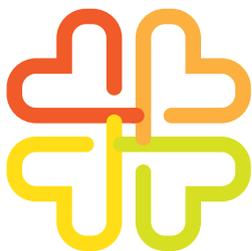
whether the mitochondria are undergoing fission or fusion and whether any treatment phase has altered their structure. A truly fascinating technology was born!

The group's sincere thanks to Dr Ben Loos for a very worthwhile and illuminating (no pun intended!) workshop.

European Society for Cardiology Working group on Cell Biology of the Heart

We would like to remind our members that membership of the European Society for Cardiology working group on Cell Biology of the Heart is absolutely free and that it provides several benefits to members including attendance at specialised small working group meetings for less than 200 euros (accommodation included). Additional information can be found at the following address: <http://www.escardio.org/communities/Working-Groups/cellbiology/Pages/welcome.aspx>.

Please see future newsletters or visit our website www.sascar.org.za for more details on future workshops, our members and the latest information on the Society's activities.



4CCardiology

2nd International 4 Corners of Cardiology Meeting
7th - 8th February 2014 The Langham, Melbourne
www.4ccardiology.com

REGISTER NOW!

Following the success of the first 4CC meeting in October 2012, we are pleased to announce that the second meeting will be held in **Melbourne from 7th - 8th February 2014.**

Sponsorship opportunities available: please contact the **4CC 2014 Sponsorship** Account Manager, Drew Whait on +61 2 9265 0700 or alternatively email dwhait@arinex.com.au

This years meeting will focus on:

- Risk Factors and Prevention • ACS • Arrhythmias • Heart Failure



4CCARDIOLOGY MEETING MANAGERS

arinex pty limited | 91 - 97 Islington St. Collingwood, VIC, Australia 3066
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HeFSSA NEWS

The HeFSSA vision for 2013 is: To continue providing value to the SA Heart Association, colleagues, industry and to our patients. We also acknowledge our responsibility towards the communities in which we practice and our sponsors.

The HeFSSA Practitioners Programme continues to be of great value to the medical community as well as the pharmaceutical and device industry and it also remains the main vehicle through which we achieve our educational goals. The programme started in 2010 with meetings in the 6 major centers across South Africa which were attended by approximately 200 GPs in total. Since then we have grown and established the HeFSSA Heart Failure programme in established areas as well as in the greater peripheral areas that were not included before. This year we are hosting CPD accredited (7 points) meetings in 16 areas with an estimated 650 registrations received up to date.

The first meetings commenced in August and the programme will conclude in November in Namibia:

Area	Date	Venue
East - London	2013/08/17	East London Golf Club
Johannesburg	2013/08/17	Sandton Holiday Inn
Durban	2013/08/24	Endless Horizons
Port Elizabeth	2013/09/14	Ibhayi Hotel
Walvisbay	2013/09/21	Hotel Zumkaiser
Bloemfontein	2013/10/05	Anta Boga
Hermanus	2013/10/05	Marine Hotel
Rustenburg	2013/10/05	Orion Safari Lodge
Pretoria	2013/10/12	Casa Toscana
Cape Town	2013/10/19	Crystal Towers
East Rand	2013/10/19	Birchwood
Potchefstroom	2013/10/19	Willows Garden Hotel
Vanderbijlpark	2013/10/26	Riviera on Vaal
Nelspruit	2013/11/02	Mercure
Polokwane	2013/11/02	Fusion
Windhoek	2013/11/02	Hilton

This year we have developed and included 3 patient case-based lectures as well as an update on the ESC guidelines as part of the programme. These slides were prepared by Eric Klug, Martin Mpe, Darryl Smith and Jens Hitzeroth.

HeFSSA has further produced new ways in which to raise awareness of the organisation and each delegate will receive: a HeFSSA Business Card (on which HeFSSA contact details are to be found, thus hopefully encouraging traffic to the website for on-going education), a comprehensive and well designed HF-REF diagnosis and treatment algorithm in the form of a poster (based on the ESC Guidelines published in 2012) as well as a hard copy document on the South African perspective pertaining to the 2012 ESC Heart Failure Guidelines.

HeFSSA has further produced new ways in which to raise awareness.

We have developed an online learning system, with the facility to perform CME questionnaires, which can be found on the HeFSSA website (www.hefssa.org). This system enables doctors to earn CPD points by completing an online CPD accredited questionnaire. On successful completion of the questionnaire a PDF certificate (3 points) is issued. The current questionnaire focuses on the Practitioner lecture series and aims to entrench knowledge gained during the lectures.

We are grateful to our colleagues who are willing to spend a Saturday sharing their knowledge with General Practitioners. The faculty members for 2013 are: E Klug, D Smith, DP Naidoo, AS Mitha, B Vezi, K Sliwa, T Lachman, N Van

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HeFSSA NEWS continued

Der Merwe, S Middlemost, J Hitzeroth, M Makotoko, C Badenhorst, M Mpe, R Gopal, R Jardine, P Obel, T Dalby, T Venter, F Mamdoo, EN Maree, J Vorster and A Snyders. We are thankful for your continued commitment towards HeFSSA.

Feedback from delegates after the first few meetings is extremely positive, reinforcing the value of the programme. Our sincere appreciation goes to the HeFSSA Exco members Eric Klug (President), Martin Mpe (Vice-President), Darryl Smith (Treasurer) and Jens Hitzeroth (Secretary) along with representatives Karen Sliwa, Pro Obel, Cristina Radulescu, Sandrine Lecour and Tony Lachman as well as industry (AstraZeneca, Boston Scientific, Servier, Pharma Dynamics and Medtronic) who are involved this year.

matic patients with HF-REF in general to clarify the "grey area" between the ESC guidelines definition of REF (<50%) and the predefined ejection fraction used in randomised heart failure trials (<35%).

The objective is to highlight new changes in the diagnosis and treatment of chronic heart failure with particular emphasis on areas that are relevant to South Africa. We came to the conclusion that randomised clinical trials constitute a crucial, but by no means the only, guide in treating HF-REF patients. Unanswered questions always remain as do groups of unstudied patients, so prudent clinical decisions are required.

This document was developed by Dr M T Mpe, with the help of Drs E Klug, D Smith, J Hitzeroth and Prof K Sliwa

‘ The objective is to highlight new changes in the diagnosis and treatment of chronic heart failure. ’

Another major programme which came to fruition in the past few months is the HeFSSA South African perspective on the ESC guidelines which will officially be published in the September issue of the South African Medical Journal (SAMJ). SAMJ was selected for its distribution reach (General Practitioners).

The Heart Failure Society of South Africa (HeFSSA) perspective on the European Society of Cardiology (ESC) 2012 chronic heart failure guideline

The South African Heart Association (SA Heart) is an affiliate of the European Society of Cardiology (ESC). SA Heart endorses ESC treatment guidelines with modification to suit local circumstances. The focus is on heart failure with reduced fraction (HF-REF) (i.e. ejection fraction <50%). We have recommended interventions in sympto-

and will be published as a supplement in the next SA Heart Medical Journal. [S Afr Med J 2013; 103(9 Suppl 2):661-667. DOI:10.7196/SAMJ.7319]. It will also be widely distributed in the market.

Contact details

George Nel	Email: info@hefssa.org Cell: 083 458 5954
Sanette Zietsman	Email: sanette@medsoc.co.za Cell: 083 253 5212
Website	www.hefssa.org

Eric Klug
President, HeFSSA

TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

The travel scholarship is available to all members and associate members living in South Africa and primarily aims to assist junior colleagues. In doing so, continued future participation in local or international scientific meetings/workshops is encouraged.

REQUIREMENTS

- Applicants must be fully paid-up members/associate members in good standing for at least 1 year.
- Applications need to include:
 - Full details of the meeting/workshop;
 - The applicant's abbreviated CV; and
 - A breakdown of the anticipated expenses.
- Applications must reach the Association a minimum of 3 months before the event.

RECOMMENDATIONS

- Acceptance of an abstract submitted by the applicant at the scientific meeting/workshop. (Should acceptance be pending, the application still needs to be submitted 3 months prior with a note stating expected time of approval. In such a case the scholarship might be granted conditionally and proof of the abstract having been accepted is to be submitted afterwards);
- An invitation to participate as an invited speaker at the meeting;
- Publications in a peer-reviewed journal/s in the preceding year;
- An applicant from a member of a previously disadvantaged community; and
- An application from a member younger than 35 years of age.

ADDRESS APPLICATIONS TO:

The President
South African Heart Association
PO Box 19062
Tygerberg
7505

**A maximum of 4 scholarships will be awarded annually.
Grants for international meetings will be a maximum of R20 000
and local meetings a maximum of R7 500.**

PAEDIATRIC CARDIAC SOCIETY OF SOUTH AFRICA

The Paediatric Cardiac Society of South Africa's main objectives are to improve the quality of care for children with congenital and acquired heart disease by promoting research and supporting education and training of heart specialists. The PCSSA is also the primary advocacy group for children with heart disease in South Africa. Membership is open and we actively encourage participation from colleagues in Africa as well as interaction with special interest groups.

PCSSA interventional cardiology symposium with Oliver Stumper 16 - 19 October 2013



Dr Oliver Stumper, the renowned interventional cardiologist from Birmingham Children's Hospital in the UK, will be visiting the Red Cross Hospital in October this year. To make the most of this opportunity, our colleagues at Red Cross Hospital will be hosting an informal interventional cardiac catheterisation symposium under the auspices of the PCSSA. The meeting will be open to all and there will be no registration cost although you will need to register to facilitate catering costs. Dr Stumper is particularly well known for his skills in stenting procedures and therefore the range of cases will definitely include stents, both simple and more complex.

Highlights

- Adverse series of interventional cases, from simple to complex.
- Live transmission to the lecture theatre at Red Cross to allow for interactive viewing!
- Focus on stenting procedures.
- The opportunity to scrub in with cases.
- An informal academic programme.
- Nightmare cases, lessons learnt (including your own!)
- "Have you heard?" and "How do I do it?" sessions.
- On Friday a hands-on TOE morning will be hosted by Prof Justiaan Swanevelder.

The programme will start on Wednesday 16 October at lunchtime and will end on Saturday 19 October 2013 at

12 pm. The interventional programme will run Wednesday afternoon and all of Thursday and Friday.

Dinner on Friday night will be included for all paid-up members of the PCSSA.

There will be a short seminar programme on Saturday morning followed by the AGM and selected fellow presentations.

This is an important AGM during which there will be feedback regarding the congress and some new and exciting plans for our society will be discussed.

A Prize-giving ceremony will follow after which we will adjourn.

We thus suggest you save the date, watch your inbox for further information and start making plans to join us in Cape Town. We will soon be sending out a registration form, suggestions for affordable accommodation nearby and a request for "nightmare cases, lessons learnt" and abstracts for the fellow presentations.

Thank you to Rik De Decker and the team at Red Cross for opening up this opportunity to all of us in the PCSSA.

Website

You are invited to visit our website but you will soon be greeted with this notice! Our aim is to reconstruct our website so that it will truly provide up-to-date resources for both members and their patients. We further aim to ultimately



provide a resource in local languages as well. Members are invited to assist in the process, particularly in editing information and/or translation. An important new element will be the incorporation of our patient information portal and the Pedheart resources as well as links to related websites and resources. A reminder to all: the Pedheart Resource is the most comprehensive congenital heart disease educational website. It has detailed defect and treatment descriptions, in-depth tutorials, a searchable



PCSSA continued

image library, collections of patients' hand-outs and over 1 200 PowerPoint slides in several different languages (<http://www.heartpassport.com/>). In addition, PCSSA now has a site providing information on congenital heart disease for parents (<http://www.africa.congenital.org/>), and for medical practitioners.

Links to both these sites can be found on the home page of the PCSSA (<http://www.saheart.org/pcssa/>). Access to the parent information site is available to everyone. Access to the medical practitioner site is limited to paid-up members of the PCSSA.

Fellowships

The Paediatric Cardiac Society Travel Fellowship

This travel fellowship will afford two recipients the opportunity to attend the Society for Cardiovascular Angiography and Interventions Foundations

"2013 Interventional Cardiology Fall Fellows Course" to be held in Las Vegas, Nevada from 8 - 11 December 2013. This course is the premier fellows-only interventional course in North America. This year the paediatric faculty includes John Cheatham and Ziyad Hijazi. The recipients of the first PCSSA travel scholarship were Dr Himal Dama from Inkosi Albert Luthuli Hospital in KwaZulu-Natal and Dr Barend Fourie from Chris Hani Baragwanath Hospital in Johannesburg. Congratulations to you and may you have a wonderful course.

We envisage that this will most likely become a yearly sponsored event, although travel fellowship will also be offered to allow members of the PCSSA to attend courses, train with international or local colleagues and visit units for specific techniques or exposures.

Our society remains one of the few advocates for children with heart disease in our country. To all the regular members of the PCSSA, we encourage you to be active in our society and we look forward to receiving your suggestions and new ideas. This is going to be a remarkable year for our Society and SA Heart as we host the world

congress together. We, as the new executive, look forward to seeing you at upcoming events and wish you all the best for the rest of the year.

Our society
remains one
of the few
advocates for
children with heart
disease in our
country.

PCSSA membership

We would like to increase our membership of cardiologists, surgeons and any practitioner interested in cardiovascular disease, congenital and acquired, in children. We urge you to contact us if you need any information and/or access our website for membership details. <http://www.saheart.org/pcssa/>.

There are many new plans afoot for our society which will enable us to grow and expand whilst remaining vibrant and relevant to all our members.

Contact details

President:	Liesl Zühlke liesl.zuhlke@uct.ac.za
Secretary:	Belinda Mitchell lindy.mitchell@up.ac.za

Liesl Zühlke

HEART AND STROKE FOUNDATION SOUTH AFRICA

A picture of South Africa

Recently released data from the HSRC's South African National Health And Nutrition Examination Survey (SANHANES-1) assesses the health and nutritional status of South Africans with respect to the prevalence of NCDs (specifically cardiovascular disease, diabetes and hypertension) and their risk factors (diet, physical inactivity and tobacco use). This data further provides critical information to help map the emerging epidemic of NCDs in South Africa and to analyse the underlying social, economic, behavioural and environmental factors that contribute to the population's state of health. The findings of the SANHANES-1 highlight the need for awareness and effective health promotion strategies to assist in the prevention of NCD and CVD.

Key findings amongst the adult population of South Africa show that the prevalence of pre-hypertension and hypertension is high despite the availability of cost effective anti-hypertensive medications. The results of the clinical examination found that overall 10.4% of participants aged 15 years and older were pre-hypertensive and a further 10.2% had hypertension. Hyperlipidaemia is staggeringly high with one out of four participants, 15 years and older, having an abnormally high total (23.9%) and LDL-cholesterol (28.8%) and one out of 2 (47.9%) having an abnormally low HDL-cholesterol. Furthermore, diabetes and impaired glucose control appear to have increased when compared to the findings of other, older, national surveys. Diabetes was diagnosed in 9.5% of participants. Almost 1 out of 5 participants (18.4%) had impaired glucose control.

The presence of overweight and obesity was alarming, with 65.1% of women and 31.2% of men falling in this category. Compared to findings from the 2003 South African Demographic Health Survey (SADHS) survey, it was found that BMI and waist circumference increased across all age categories, provinces and race groups, with 68.2% of women having a waist circumference which places them at risk of metabolic complications such as diabetes. The increase in obesity levels, especially in women, is of major concern as the expected increase in

metabolic complications will place a significant burden on the healthcare system and economy as a whole. In addition, young people are also at risk. Regional and international comparisons show that South Africa's preschool-aged children have a major overweight and obesity problem, amounting to 22.9%. Among the 10 - 14 year age group a higher percentage of girls surveyed were overweight and obese (22.3%) when compared to boys (10.2%).

Lifestyles in South Africa continue to compromise health. A significant proportion of adults were found to be unfit (27.9% of males and 45.2% of females). Urban formal residents were more likely to be unfit than residents from other localities. Tobacco usage continues to be a serious preventable problem with results showing that although current tobacco smoking rates have declined over the last two decades, the prevalence of tobacco smoking in the South African population was still substantial (16.4% of the population smoke currently). Many smokers (29.9%) expose their families to second-hand tobacco smoke, with children being particularly vulnerable.

Heart Awareness Month

At the time of writing, the HSF is about to launch its annual Heart Awareness Month campaign, which is dedicated to creating public understanding about the preventable causes of cardiovascular disease and how simple testing and lifestyle changes can stop premature deaths and disability. Momentum behind the annual September focus on cardiovascular health has yearly increased and in 2013 the campaign is set to be bigger than ever.

Building on the success of our challenge to our ambassador, DJ Gareth Cliff from 5FM in last year's campaign, in 2013 the HSF has challenged 17 radio stations in five provinces around the country to a Heart Age Challenge. Using the World Heart Federation-endorsed Heart Age Calculator, our screening teams will be travelling to test the heart age of DJs live on air, screening their blood pressure, blood glucose, cholesterol and body mass index.





HSF continued

The radio campaign is designed to bring home the message that we are all at risk, but that simple testing can make us aware of potential future problems and lifestyle changes can help us to stay healthy. The Foundation has partnered with a national pharmacy chain to bring the public free heart health screenings throughout September in any of its clinics. This excellent offer will include the same tests that will be carried out on the DJs, thus making testing accessible to most people in South Africa.

The campaign is being supported by a public relations drive, targeting magazines, national, regional and community newspapers and TV, as well as corresponding activity across social media platforms. The Heart and Stroke Foundation screening teams will be carrying out 26 screening events in four provinces during September to support the health screening message of the campaign.

Salt Watch

South Africa has been internationally hailed for its recent ground-breaking legislation signed on 18 March 2013 by Minister of Health, Dr Aaron Motsoaledi, which made salt reduction in the food industry mandatory. Initial reductions will commence in 2016 and further reductions will be enforced by 2019. The Heart and Stroke Foundation South Africa was a leading stakeholder in advocating for this important legislation.

As South Africa has one of the highest uses of discretionary salt in the world, with up to 40% of salt being added by individuals to their food, the need for an education campaign in conjunction with legislation was realised.

The Heart and Stroke Foundation South Africa (HSF) chose World Salt Awareness Week 2013 to announce the launch of a new lobby group called Salt Watch. Led by the HSF, the group includes experts in the field of salt reduction from nutrition and health professional societies, such as the Association for Dietetics in South Africa (ADSA) and the Nutrition Society of South Africa (NSSA), consumer advocacy groups (the Consumer Goods Council of South Africa) and researchers (such as the South African Medical Research Council and North West University).

Salt Watch is working in association with World Action on Salt and Health (WASH) and in partnership with the South African National Department of Health and has ongoing consultation with leading international experts. The main aim of Salt Watch is to reduce population salt intake levels via a major national awareness campaign. Its work will complement government legislation to reduce salt in South African food. Many role players in the food industry are supportive of the new legislation and have already begun implementing salt reduction strategies in food manufacturing.

‘Lifestyles in South Africa continue to compromise health.’

The objectives of Salt Watch are: firstly to increase awareness of the dangers of high salt intake and drive behaviour change so that South Africans use less discretionary salt and choose lower salt products. Secondly, it is to lobby stakeholders to support legislation and salt reduction in South Africa. Ultimately this supports our strategic framework to address Non Communicable Diseases (NCDs) and will help achieve our overarching goal to reduce salt intake in the population to less than 5 grams per day by 2020.

Health Line – 0860 I HEART (43278)

The HSF Health Line offers advice and guidance on healthy lifestyles, but was previously offered only to English speakers. In an effort to make this service more accessible

HSF continued

and reach more people it was upgraded, thanks to funding from the National Lottery, to include motivational interviewing (MI), a technique recognised as being an effective tool in health promotion and behaviour change. The interviewing techniques aim to enable patients to take responsibility for their own health and equip them with practical guidelines to effectively change their dietary behaviour, improve their physical activity levels and quit smoking.

A review of the existing programme was conducted and staff received MI training. The service is now offered in 4 languages (English, Afrikaans, Xhosa and Zulu), thus helping us reach less advantaged communities and support long term behaviour change.

National Stroke Week

Every hour, 10 people have a stroke in South Africa, yet it is not an issue that is well understood by most South Africans who neither know how a stroke is caused nor what the impact of a stroke can be on a person and their family. In 2012, the Heart and Stroke Foundation advocated to the Department of Health to extend the existing World Stroke Day on 29 October to a National Stroke Week in South Africa, in order to create more awareness of the issue.

The 2013 Stroke Week campaign will focus on bringing together disparate stroke support groups and organisations around the country, each calling on their local media to highlight the issue of stroke. Through means of a photo campaign of stroke survivors, case studies and stories from stroke survivors, Stroke Week aims to highlight the stigma suffered by those who have had a stroke, as well as bringing home the message that, in most cases, strokes can be prevented through living a healthy lifestyle.

A practical manual for stroke survivors and their families has been developed by the HSF in conjunction with Professor Alan Bryer, Neurologist at Groote Schuur and University of Cape Town.

SA HEART PRETORIA BRANCH CARDIOLOGY GROUP

The SA Heart Pretoria branch cardiology group has been active this year. We hosted two very successful meetings at Kream Restaurant in Brooklyn (19 June and 11 September 2013) and a year-end CPD function is planned for 9 November 2013.

The cardiology group has set the following goals:

To increase the number of attendees at branch meetings by adding value in the following ways:

- Offer regular meetings (planned six per annum).
- Meetings will be CPD accredited.
- Presentation of cases for review by fellow attendees. These cases may then legally be defined as peer reviewed which will add value.
- Hospitals within catchment area will, on a rotational basis, take ownership of the meetings.

During the meeting of 19 June the agenda covered case discussions and an interesting talk on the legal implications of death associated with a procedure. The hosts were Iftikhar Ebrahim and Adriaan Snyders.

During the subsequent meeting (attended by 18 members) Steve Biko Hospital had the opportunity to present case studies. These were presented by Parmanand Naran under the guidance of Prof Andrew Sarkin.

Herewith a summary of the 4 cases presented:

Case 1: Dilated Cardiomyopathy with Large vessel Vasculitis

A 31-year-old male patient who presented in cardiogenic shock and who had 4 chamber dilatation on echo as well as generalised lymphadenopathy, interstitial lung infiltrates and evidence of a large vessel vasculitis on PET CT. Discussion focused on the relationship between a dilated Cardiomyopathy and a large vessel vasculitis and Parmanand looked at evidence where Sarcoidosis causes a large vessel vasculitis and evidence

SA HEART PRETORIA BRANCH *continued*

of Takayasu associated with a Dilated Cardiomyopathy. He also showed a 1967 case report on Takayasu from the University of Pretoria and looked at the Groote Schuur Hospital's series of Takayasu arteritis, with some interesting cardiac findings on these patients.

Case 2

A 21-year-old male patient presented with gross right sided cardiac failure and was found to have large vegetation on his pulmonary valve with evidence of numerous areas of consolidation on his chest x-ray.

Discussion focused on:

- The prevalence of isolated pulmonary valve Infective Endocarditis.
- Treatment of Pulmonary valve Infective Endocarditis: Surgical versus Medical.
- The underlying risk factors for PV Infective Endocarditis.
- The likely aetiology and the evidence for this.
- The way forward with our patient.

tation now presented in cardiac failure with gross mitral regurgitation clinically. Parmanand showed the 3D TEE pictures confirming a severely incompetent mitral valve with poor leaflet coaptation.

Discussions of cases 3 and 4 centred on the use of 3D TEE in the assessment of mitral valve prosthesis. Parmanand showed evidence that it correlates almost 100% with surgical findings. The round table talks achieved their objectives on both of the evenings.

These meetings were sponsored by Pharma Dynamics and we would like to thank them for their continued and loyal support.

Medical Society Management^{cc} (George Nel and Sanette Zietsman) has been appointed to assist with managing the Pretoria Branch meetings and programmes. A branch bank account has been opened and payment has been received from SA Heart (profit share from SA Heart Congress 2012 and members' fees). Therefore, own funds are available to be used for appropriate programmes.

‘We hosted two very successful meetings in Brooklyn and a year-end CPD function is planned.’

Case 3

A 30-year-old female patient who had previously had mitral and aortic valve replacement (metallic) and who was now in cardiac failure. Parmanand showed the 3D TEE pictures confirming a stuck leaflet on the mitral valve.

Case 4

A 63-year-old male patient who had undergone a previous mitral valve repair a year ago for ischaemic mitral regurgi-

Please contact myself (drioebrahim@gmail.com) or the MSM office (george@medsoc.co.za or sanette@medsoc.co.za) if you would like to make a contribution at future meetings or to propose cardiology related programmes for funding in Pretoria.

Looking forward to seeing you at our next meeting!

Iftikhar Ebrahim
Chairperson, Pretoria Branch of SA Heart

ESC 2013 - CARDIOLOGY FELLOW'S PERSPECTIVE

ESC 2013 was hosted in Amsterdam with over 30 000 delegates attending. I arrived a day ahead of the conference and took time to visit the Rijksmuseum. The timing was perfect as it had recently been renovated. The highlight



The painting, The Night Watch by Rembrandt van Rijn.



Dr Ahmed Ismail Vachiat

was "The Night Watch" by Rembrandt van Rijn. It was interesting to note the differences in culture and attention to detail, the electric vehicles, separate bike lanes, stronger currency, better safety and a happy healthy population.

This was my first International "Premier" conference and I learnt that it was important for fellows to experience the latest developments in the field of Cardiology. The global village has shrunk, making interaction easier and information more accessible.

The "ESC APP" was particularly useful for navigation and planning one's itinerary as well as searching for items of interest (e.g. Posters and Rapid Fire sessions). I met other colleagues with similar interests and realised the importance of international collaboration.

Four new guidelines were introduced at the ESC, including the new Hypertension, Diabetes, Cardiac Pacing and Stable Coronary Artery Disease Guidelines.

Important academic highlights included the following:

TASTE Trial (Thrombus Aspiration in STEMI in Scandinavia)

Thrombus aspiration prior to re-opening the artery with a balloon catheter in STEMI patients did not improve survival any more than balloon dilation and stenting. It was a multicenter Registry-based RCT (new concept) which randomised 7 244 patients. This trial enrolled over 60% of all comers with STEMI in Sweden and had no loss to follow up. High risk groups such as smokers, patients with diabetes or patients with a large clot burden had similar survival rates with either approach. Thus, routine thrombus aspiration is not recommended.

Re-ALIGN

Dabigatran failed to show benefit with mechanical valves.

PRAMI (Preventative Angioplasty in Myocardial Infarction)

Contrary to the teaching of addressing only the Infarct-related artery in stable STEMI patients, this trial showed

ESC 2013 continued

significantly better outcomes in patients who have additional "preventative angioplasty" than those that only undergo the infarct-related artery PCI. Patients were randomised if the infarct-related artery had been treated successfully and there was a stenosis of 50% or more in one or more coronary arteries and the stenosis was deemed treatable by PCI. This study showed a 65% risk reduction in adverse cardiovascular events. Whether these guides will impact practice remains to be seen.

ACCOAST

In NSTEMI, Prasugrel pretreatment using 30mg did not improve primary outcomes and increased bleeding complications.

Braunwald's top ten milestones in cardiovascular medicine

Meeting Braunwald and listening to the legend was a rewarding experience. The advice he imparted to young cardiologists was "You should try to answer important questions and avoid being bogged down by side issues."

Future of Cardiology

The highlight of the trip was meeting Prof Salim Yusuf who passed on some valuable advice. He provided a background to future developments, including the need to address preventative measures in the developing world, mentioning the Polypill as a preventative goal and cost effective means of saving millions of lives.

Meet the Legends

This was the first time this session was introduced. Professors John Camm, Bernard Gersh, Frans Van der Werf and Lars Vallentin were each asked to give a lecture of their preference and the audience was asked to interact on any topic. It was interesting to see that Bernard Gersh, when asked what made his career so successful, mentioned that the general training in South Africa created an excellent background to tackle any situation. Of interest was that the Chairman, Prof Keith Fox, was born in Zimbabwe and raised in Malawi.

Exercise

The 41% lower mortality rate of athletes who take part in the Tour de France, compared to the general population, made headlines in the press and at the conference.

‘The “ESC APP” was particularly useful for navigation and planning one’s itinerary as well as searching for items of interest.’

Other important developments

Serelaxin, Omecamtiv mecarbil, PCSK9 inhibition, Gene therapy, Leadless pacing.

Overall, I believe the exposure and meeting various inspirational Cardiologists was worthwhile, educational and highly beneficial.

I would like to thank SA Heart and Baroque Medical for their support and sponsorship.

Dr Ahmed Ismail Vachiat

REPORT BACK FOR THE SA HEART ASSOCIATION ESC CONGRESS

I was very privileged to receive a travel grant from BBraun Pty (Ltd) who supported the South African Heart Association in funding young researchers and thus enabled them to attend the European Society of Cardiology (ESC) congress which was held in Amsterdam from 31 August to 5 September. There I presented my latest research outputs in the form of a poster presentation at the basic science session. Overall the poster session went well and I gained important input from delegates who visited my poster and discussed it with me. My poster elicited significant response from those who came to learn more about my work. People made suggestions of additional parameters we could assess in order to properly scrutinise the cardio protective effects of melatonin in pulmonary hypertension and right heart failure. These suggestions are important as it allows me to adapt my investigations and thus improve the integrity of the research.

The congress is one of the largest in the world and many important outputs were presented including the latest results from large clinical trials in cardiovascular medicine and the updated treatment guidelines for cardiovascular

dependent signaling. Authors (i) tested the hypothesis that the reduction of sphingosine-1-phosphate (SIP) in high density lipoproteins (HDL) in coronary artery disease (CAD) is due to modifications in the apolipoproteins in HDL and (ii) whether the extent of cellular responses upon stimulation with HDL was related to SIP content of HDL.

In this study, HDL was isolated from 65 patients with CAD by density gradient ultracentrifugation and 68 control patients. Assessments included mass spectrometry, Westernblots and ELISA's to measure ApoM, APoAI and SIP. They measured the uptake capacity of HDL for SIP in the native and oxidised HDL as well as in sub-fractions of HDL. Authors found that the SIP content of HDL was reduced while the content of ApoA was similar between groups. They concluded that the content of SIP in HDL seems to determine the extent of HDL mediated effects, quality and function of HDL might be improved by targeting their SIP content.

Dr R. Adao, et al. from the University of Porto investigated the effect of a molecule called neuregulin-1 on right

‘The congress is one of the largest in the world and many important outputs were presented.’

disease. There were also very interesting data presented during the abstract sessions that were of interest to basic sciences. I will briefly highlight a few of these presentations. Dr K. Sattler et al. from the University of Essen, Berlin presented data of a study investigating whether apolipoproteins in HDL and their modifications determine the SIP content of HDL, how this affects the HDL-mediated, SIP

ventricular cardiomyocytes in pulmonary arterial hypertension. Male Wistar rats were injected with a toxin called monocrotaline to induce experimental pulmonary hypertension in approximately 28 days. At day 14, neuregulin-1 was administered till day 28 and cardiomyocytes were isolated and attached to a force transducer. Passive and active forces were then measured and results showed that

REPORT BACK continued

right ventricular cardiomyocytes had higher passive forces while neuregulin-1 restored forces. Authors concluded that the neuregulin-1 pathway regulates systolic and diastolic function at cellular level. Therefore, neuregulin-1 has a therapeutic role in pulmonary arterial hypertension.

A novel approach in pulmonary hypertension research is the development of therapeutic agents that can increase vasodilation independent of resident/residual nitric oxide. These drugs include soluble guanylyl cyclase activators or stimulators such as riociguat. Clinical trials have been done to test the efficacy of riociguat in patients with pulmonary hypertension and based on this Dr D. Bondermann, et al. from Wuppertal, Germany investigated the acute hemodynamic effects of riociguat in patients with pulmonary hypertension associated with diastolic heart failure. This study characterised the hemodynamic effects, safety and pharmacokinetics of single doses of riociguat. Clinically stable patients received 3 different doses of riociguat (0.5mg, 1mg and 2mg respectively). The primary endpoint was the peak decrease in mean pulmonary artery pressure. They found that no significant decrease was achieved in mean pulmonary artery pressure, stroke volume was increased, systolic blood pressure was decreased as well as right ventricular end diastolic diameter. No effect was observed on pulmonary vascular resistance or heart rate. Authors concluded that further research will have to clarify the benefit of riociguat on clinical outcomes with a focus on left ventricular relaxation and mitral valve regurgitation.

Other interesting work included a study showing that the lack of circulatory toll-like receptor-2 (TLR-2) promotes survival. This was achieved by subjecting TLR-2 knockout mice to myocardial ischemia at baseline for 28 days. Compared to wild type mice, TLR-2 knockout mice had improved survival and reduced levels of inflammatory cytokines (TNF-alpha, IL-1alpha and IL-10). Thus, aside from the roles of TLR-2 in various cell signaling pathways, this study supports the therapeutic use of TLR-2 antagonists. In a different study, researchers were able to show that NOD-like receptor (NLR-3)-inflammasome deletions alter cell signaling and reduce acute ischemia/

reperfusion injury in an in vivo model. Here, some animals were subjected to open chest left anterior descending coronary artery ligation and other closed chest. In open chest surgery, severe inflammation was present with concomitant increase in NLRP-3. In NLRP-2 knockout mice, phosphorylation of STAT-3 was decreased in heart tissue. In theory this translates the cardioprotective effect of NLRP-3 inhibitors via the modulation of cell survival cell signaling pathways.

‘Clinical trials have been done to test the efficacy of riociguat.’

I stayed in a hotel, which was a 15 minute train ride away from the conference venue. One morning I went to the breakfast area and sat down at a table with a man and a woman. Whilst eating, I made conversation with them and discovered that they were both clinicians from Italy, who were also attending the ESC meeting. Furthermore, they were both doing heart failure research. After further discussions about our research, they stated that they were very interested in collaborating with our lab in South Africa on a heart failure project. We exchanged contact details and I hope to continue my conversation with them. In conclusion, I would again like to thank BBraun Pty (Ltd) and the SA Heart Association for their financial support.

Gerald J. Maarman
University of Cape Town

ISCAP NEWS

It is hard to believe that it is already August and more than half the year has simply flown by. Our fledgling society has matured and taken to the African skies!

Our success up to date is due to a group of hard working individuals who are dedicated and enthusiastic about training and education. Our regional representatives, Liezel La Grange (Cape Town), Marisa Fourie (Bloemfontein), Maxine Shanglee (Durban) and Marina Meyer (Port Elizabeth), helped ISCAP to achieve its 2013 goal namely organising workshops in all the regions in South Africa.

Gill Longano and Sanette Zietsman have generated an explosion of workshops throughout Gauteng since February, covering a range of topics from anticoagulation to the Z-lead as well as some ethical issues. The meetings have been CPD accredited, ensuring presentations of the highest calibre. The meetings have been well attended and neither rain nor cold could keep the Allies from attending the monthly meetings on a Saturday morning, further proving that ISCAP is meeting the needs of the Allied Professional community.

During the last quarter of 2013 the ISCAP programme will cover:

- **August** - Advanced Rotablator Technique, CTO Management.
- **September** - parallel meetings - Basic Pacing and ECGs and Rapid Exchange Forum Radiographers Meeting.
- **October** - parallel meetings - Hands on in the Wet Lab and OCT, Contrast, Radiation in the Cath Lab.
- **November** - The Radial Approach - the Full Story and Sedation and Management of the Airway.

CONGRATULATIONS on a job well done! Gill's energy and enthusiasm has generated an opportunity for everyone to take part in the workshops and it is wonderful to see the myriad of nurses, radiographers and technologists attending. Staff are coming from as far as Rustenburg, Vanderbijlpark and Pretoria to attend the monthly meetings.

I would like to thank the many Company Representatives for seeking out Gill and myself in order to offer their services

and in such a way become part of these educational endeavours. Everyone involved has done an excellent job and this has ensured our success. Many companies are now doing road shows around the country based on the workshops that were done in Gauteng. The success of these meetings would not have been possible without the unfailing and enthusiastic support of the Industry and the Cardiologists.

The ISCAP Meetings will begin again in February 2014. Also in 2014, ISCAP plans to collaborate with VASSA to provide the Hybrid Cath Lab staff members with topics specific to their needs. ISCAP will also be involved in Africa PCR 2014. Our needs analysis has been completed and we are ready to take the next step in organising the steering committee.

Without the contributions of the ISCAP Corporate supporters, we cannot grow and achieve any of our goals. Thank you to Amayezza Abantu, AstraZeneca, Aspen Pharmacare, Axim, Baroque Medical, Boehringer Ingelheim, Boston Scientific, B Braun, Biotronik, Cardiac Output, Cordis, Edwards, Medtronic, Paragmed, Surgical Innovations, Terumo, Torque Medical, Viking, Volcano and Zentiva.

Please contact Sanette Zietsman (ISCAP Office) at sanette@medsoc.co.za or +27 83 253 5212 if you want to learn more about these events or if you want to participate in any of the programmes.

Dianne Kerrigan
Chairperson: ISCAP



THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

The research scholarship is available to all full and associate members of SA Heart Association living in South Africa. It is primarily intended to assist colleagues involved in much-needed research to enhance their research programmes.

REQUIREMENTS

- Applicants need to be fully paid-up members/associate members in good standing for at least 1 year.
- Applications must include
 - The applicant's abbreviated CV;
 - A breakdown of the anticipated expenses; and
 - Full details of the research.

RECOMMENDATIONS

- Publications of related work in a peer-reviewed journal in the preceding year;
- Applicants from a previously disadvantaged community; and
- Applicants younger than 35 years of age.

ADDRESS APPLICATIONS TO:

Education Standing Committee
South African Heart Association
PO Box 19062
Tygerberg
7505

THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS 30 SEPTEMBER.

One scholarship to a maximum amount of R50 000 will be awarded annually.

APPLICATIONS WILL BE ASSESSED ACCORDING TO THE ACCOMPANYING RESEARCH PROTOCOL WHICH SHOULD INCLUDE:

- An abstract (maximum 200 words);
- A brief review of the literature (maximum 200 words);
- A brief description of the hypothesis to be investigated (maximum 100 words);
- A detailed methodology (maximum 500 words); and
- References.

An Advance in Anticoagulation

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- ◆ No coagulation monitoring ¹
- ◆ No frequent dose adjustment required ¹

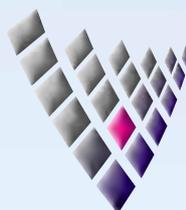
Prevention of venous thromboembolism (VTE) in patients undergoing major orthopaedic surgery of the lower limbs ¹



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¹<http://clinicaltrials.gov>

REFERENCES: 1. XARELTO[®] 10 Registered Package Insert South Africa. For full prescribing information, refer to the package insert approved by the Medicines Regulatory Authority (MCC). [S4] XARELTO[®] 10 (Film-coated tablets). Reg. No.: 42/8.2/1046. Each film-coated tablet contains rivaroxaban 10 mg. PHARMACOLOGICAL CLASSIFICATION: A.8.2 Anticoagulants. INDICATION: Prevention of venous thromboembolism (VTE) in patients undergoing major orthopaedic surgery of the lower limbs. HCR: Bayer (Pty) Ltd, Reg. No.: 1968/011192/07, 27 Wrench Road, Isando, 1609. Tel: 011 921 5044 Fax: 011 921 5041 DATE: June 2013 L.ZA.GM.06.2013.0762

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sa heart

Journal of the South African Heart Association

Recognition by the Department of Education (DoE)

SA Heart is listed by the Department of Education (DoE) as an Approved Journal since January 2009. This development is important, not only for the stature of the Journal, but also for practical reasons such as the subsidy from the DoE involved for authors affiliated to academic institutions.

International recognition as a National Cardiovascular Journal

SA Heart is one of an elite group of publications recognised by the European Society of Cardiology (ESC) as a National Cardiovascular Journal.

“The invitation to the editor of SA Heart to join the ESC Editors’ Club highlights the recognition the journal has gained amongst our international peers” says Prof Anton Doubell, SA Heart editor.

“The recognition by the Department of Education and the Academy of Sciences of South Africa (ASSAf) is something we should all take pride in.”

Electronic publication

SA Heart appears in print as a quarterly Journal.

The Journal is also published electronically and articles appearing in

SA Heart, both previous and current, are available online at www.saheart.org/journal.

Articles have been submitted in pdf format to facilitate rapid download and easy printing.

